

101574645

AP20 Rec'd PCT/PTO 29 MAR 2006

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks: 0

Number of Copies of CDs: 0

Sequence Submission?: Paper

Computer Readable From (CRF)?: Yes

Number of Copies of CRF: 1

Title: USE OF CRIPTO-1 AS A BIOMARKER FOR  
NEURODEGENERATIVE DISEASE AND METHOD  
OF INHIBITING PROGRESSION THEREOF

Attorney Docket Number: 251206

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets: 0

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: SALOMON  
Name Suffix::  
City of Residence:: Frederick  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 1187 Stillwater Court

City of mailing address:: Frederick  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21702

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nancy  
Middle Name::  
Family Name:: BERMAN  
Name Suffix::  
City of Residence:: Leawood  
State or Prov. of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 12809 Pembroke Circle

City of mailing address:: Leawood  
State or Province of mailing address:: KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Edward
Middle Name::	
Family Name::	STEPHENS
Name Suffix::	
City of Residence::	Kansas City
State or Prov. of Residence::	MO
Country of Residence::	US
Street of mailing address::	5109 NW 58th Street
City of mailing address::	Kansas City
State or Province of mailing address::	MO
Country of mailing address::	US
Postal or Zip Code of mailing address::	64151

#### **CORRESPONDENCE INFORMATION**

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#### **REPRESENTATIVE INFORMATION**

Representative Customer Number 1::	45733	
Representative Designation::	Registration Number::	Representative Name::

#### **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/032649	10/01/04
PCT/US2004/032649	An application	60/508,750	10/03/03
	claiming the benefit		
	under 35 USC		
	119(e) of		

#### **FOREIGN APPLICATION INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed
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#### **ASSIGNEE INFORMATION**

Assignee name::	Government of the United States of America, represented by the Secretary, Department of Health and Human Services
Street of mailing address::	Office of Technology Transfer 6011 Executive Boulevard, Suite 325
City of mailing address::	Rockville

State or Province of  
mailing address:: MD  
Country of mailing  
address:: US  
Postal or Zip Code of  
mailing address:: 20852  
Assignee name:: University of Kansas Medical Center  
Street of mailing address:: 3901 Rainbow Boulevard

City of mailing address:: Kansas City  
State or Province of  
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